

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED  SUBJECT INFORMATION  REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT <b>13-DEC-2012</b>	TIME <b>07:30:00</b>	2. ADDRESS OF OCCURRENCE <b>727 E 111TH ST CHICAGO, IL 60628</b>	3. LOCATION CODE <b>280</b>	4. BEAT/OCCUR <b>0531</b>				
	6. POSITION <b>9171</b>	6. LAST NAME <b>WALKER</b>	7. FIRST NAME <b>TOMMY J</b>	8. STAR NO. <b>2328</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>BLK</b>	11. AGE <b>511</b>	12. HT. <b>229</b>	13. WT.
	14. DATE OF APPT. <b>30-JAN-1991</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>005 0501</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20. LAST NAME <b>COLEMAN</b>	21. FIRST NAME <b>PHILLIP</b>	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT. <b>600</b>	27. WT. <b>180</b>	
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>ROSELAND COMMUNITY HOSPITAL</b>	34. BY WHOM?	35. CONDITION <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CHARGES PLACED <b>720 ILCS 5.0/12-3.2-A-1, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4</b>	37. CB NO. [REDACTED]	IR NO. <b>18557298</b>	DNA <b>2188581</b>		
	<b>PASSIVE RESISTER</b>	<b>ACTIVE RESISTER</b>	<b>ASSAULTANT: ASSAULT</b>	<b>ASSAULTANT: BATTERY</b>	<b>ASSAULTANT: DEADLY FORCE</b>				
	<b>SUBJECT'S ACTIONS</b>	<b>DID NOT FOLLOW VERBAL DIRECTION</b> <input checked="" type="checkbox"/> <b>STIFFENED (DEAD WEIGHT)</b> <input checked="" type="checkbox"/> <b>OTHER</b> _____	<b>FLED</b> <input type="checkbox"/> <b>PULLED AWAY</b> <input type="checkbox"/> <b>OTHER REFUSED TO COMPLY W/</b> _____	<b>IMMINENT THREAT OF BATTERY</b> <input checked="" type="checkbox"/> <b>OTHER KICKED FEET</b> _____	<b>ATTACK WITH WEAPON</b> <input type="checkbox"/> <b>ATTACK WITHOUT WEAPON</b> <input checked="" type="checkbox"/> <b>OTHER</b> _____	<b>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM</b> <input type="checkbox"/> <b>WEAPON</b> <input type="checkbox"/> <b>OTHER</b> _____			
	<b>MEMBER'S RESPONSE</b>	<b>MEMBER PRESENCE</b> <input type="checkbox"/> <b>VERBAL COMMANDS</b> <input checked="" type="checkbox"/> <b>ESCORT HOLDS</b> <input checked="" type="checkbox"/> <b>WRISTLOCK</b> <input type="checkbox"/> <b>ARMBAR</b> <input type="checkbox"/> <b>PRESSURE SENSITIVE AREAS</b> <input type="checkbox"/> <b>CONTROL INSTRUMENT</b> <input type="checkbox"/> <b>OC/CHEMICAL WEAPON W/AUTHORIZATION</b> <input type="checkbox"/> <b>OTHER</b> _____	<b>OPEN HAND STRIKE</b> <input type="checkbox"/> <b>TAKE DOWN / EMERGENCY HANDCUFFING</b> <input type="checkbox"/> <b>OC CHEMICAL WEAPON</b> <input type="checkbox"/> <b>CANINE</b> <input type="checkbox"/> <b>TASER (Probe Discharge)</b> <input type="checkbox"/> <b>TASER (Contact Stun)</b> <input type="checkbox"/> <b>TASER (Laser Targeted)</b> <input type="checkbox"/> <b>TASER (Spark Displayed)</b> <input type="checkbox"/> <b>OTHER HELD ARMS ATTEMPTING</b> _____	<b>ELBOW STRIKE</b> <input type="checkbox"/> <b>CLOSED HAND STRIKE/PUNCH</b> <input type="checkbox"/> <b>IMPACT WEAPON (Describe in Box 40)</b> <input type="checkbox"/> <b>OTHER</b> _____	<b>KNEE STRIKE</b> <input type="checkbox"/> <b>KICKS</b> <input type="checkbox"/> <b>IMPACT MUNITION (Describe in Box 40)</b> <input type="checkbox"/> <b>OTHER HELD ARMS</b> _____	<b>FIREARM</b> <input type="checkbox"/> <b>OTHER</b> _____			
	39. DNA	40. ADDITIONAL INFORMATION <b>OFFENDER REFUSED TO SUBMIT TO CUFFING FOR TRANSPORTING TO COURT. OFFENDER BATTERED OFFICERS ON 3RD WATCH AND TOLD SATAN TO GETT BEHIND HIM IN JESUS NAME. HE BEGAN KICKING TO DEFEAT BEING SHACKLED. TASER WAS DEPLOYED.</b>							
WEAPON DISCHARGE INCIDENT	POSITION	STAR NO.	UNIT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>CLEAR</b>		
	45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE					
	49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.				
	54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	58. TOTAL NO. OF SHOTS MEMBER FIRED				
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61. NO. OF CATDRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)	63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							
	70. EVENT NO. <b>1234713460</b>	71. RD. NO. <b>HV600058</b>							
	72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.							
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>WALKER, TOMMY J</b> 13-DEC-2012 14:06:03								
	STAR/EMPLOYEE NO. <b>2328</b>	SIGNATURE [REDACTED]							
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.								
	74. REVIEWING SUPERVISOR (Print Name) <b>MOSTEK, CARLOS M</b>	STAR NO. <b>196</b>	SIGNATURE [REDACTED]	DATE REVIEWED <b>13-DEC-2012 14:17:34</b>	TIME <b>25</b>				

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

hospitalized

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time, R/Lt finds that all Department Rules and orders were followed.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1058981 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

**MOSTEK, CARLOS M**

SIGNATURE

DATE COMPLETED

TIME

**13-DEC-2012 14:18:14**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> CASE REPORT   | <input type="checkbox"/> SUPPLEMENTARY REPORT   | <input type="checkbox"/> I.O.D. REPORT        |
| <input type="checkbox"/> ARREST REPORT                                       | <input type="checkbox"/> OFFICER BATTERY REPORT | <input type="checkbox"/> CR INITIATION REPORT |
| <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) |   |   |

80. TOTAL TRR's THIS EVENT NO.

**11**